

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4891 (Rev. 3-03)		STATEMENT OF FINANCIAL OBLIGATIONS/SPOUSE'S CONSENT			
NAME <i>(Last, First, Middle)</i>				RATE	NO. OF DEPENDENTS
(X) ONE	<input type="checkbox"/>	BUYING HOME	MORTGAGE COMPANY	MONTHLY PAYMENT <i>(Including Utilities)</i>	
	<input type="checkbox"/>	BUYING MOBILE HOME			
	<input type="checkbox"/>	RENTING HOME	LANDLORD	MONTHLY RENT <i>(Including Utilities)</i>	
	<input type="checkbox"/>	RENTING MOBILE HOME			
OUTSTANDING DEBTS					
NAME OF COMPANY			FOR PURCHASE OF	TOTAL OWED	MONTHLY PAYMENT
TOTALS					
Dependents presently under care of physician <i>(Include wife, if pregnant)</i>			INCOME		
			Monthly Coast Guard income <i>(Include quarters allowance)</i>		
			Spouse's monthly income		
			Other monthly income <i>(Explain in Remarks)</i>		
			Total		
			Total monthly expenditures		
			Balance		
I CERTIFY that the above is a true account of my family status and financial obligations to the best of my knowledge and belief as of this date.					
SIGNATURE OF RECRUITER		DATE		SIGNATURE OF APPLICANT	
CERTIFICATION ON DAY OF ENLISTMENT I CERTIFY that no additional debts have been incurred by me since execution of the above certificate, or, I certify that the following additional debts have been incurred by me since execution of the above certificate (if none, so state).					
SIGNATURE OF ENLISTING OFFICER		DATE		SIGNATURE OF ENLISTEE	

I, _____, the spouse of _____
 certify that should my spouse be accepted for entrance into the United States Coast Guard or Coast Guard Reserve
 in the rate or rank of _____ no effort will be made to secure his/her
 discharge on the grounds of dependency of his/her presence at home. I understand that his/her basic rate of pay is
 \$ _____ per month, quarters allowance \$ _____ per month, plus any other special pay or
 allowances that he/she may be entitled to from time to time, and I am prepared to support myself and our children on
 his/her Coast Guard pay. I further understand that his/her period of obligation is for _____ years
 and that I am not aware of any circumstances now existing or that can be foreseen which will cause me to request
 his/her discharge prior to the expiration of his/her obligation.

REMARKS

DATE

SIGNATURE OF RECRUITER OR NOTARY PUBLIC

SIGNATURE OF WIFE